1	2	3
10.	स्कूल आफ ट्रापीकल मेडिसिन, भा० आ० अं० प० कलकत्ता	1.31
11.	एंटेरोवाइरस रिसर्च सेंटर, भा० आ० अं० प० मुम्बई	1.225
12.	नेशनल इंस्टीट्यूट आफ वाइरोलाजी, भा० आ० अं० प० पुणे	0.17
13.	बनारस हिन्दू विश्वविद्यालय, वाराणसी	1.195
14.	नेशनल इंस्टीट्यूट आफ कम्युनिकेबल डिसीज, दिल्ली	0.85
15	केन्द्रीय अनुसंधान संस्थान कसौली	1.60
16.	पास्च्यूर इंस्टीट्यूट आफ इंडिया, कुन्नूर	0.40
17.	एस सी बी मेडिकल कालेज, कटक	0.70
		रु० 15.221

Aids cases among School and College Students

1438. SHRI MENTAY PADMANABHAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it i sa fact that there are increasing number of AIDS cases amongst school and college going students; and

(b) what proposals Government for-* multed to screen and detect all students in educational institutions for HIV and AIDS diseases ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. TH AR A DEVI SIDDHARTHA) : (a) No survey of HIV infection/AIDS have oeen specifically conducted among school and college going studnts in the country.

(b) The Government of India does not nave any proposal to screen all school and college going students of the country for HIV infections. However, a scheme "Universities Talk AIDS" is in operation in collaboration with the Ministry of Human Resources Development. This scheme aims at raising awareness among student & youth on AIDS and STD through the National Services Scheme Network.

Decision on Tikku Committee's Report

1439. SHRI P. UPENDRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment have taken a decision op Tikku Committee's report regarding services doctors; and

(b) if; not, what are the reasons- for the delay in announcing Government's decision on the Committee's reports ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDDHARTHA) : (a) and (b) Government carefully considered the Tikku Committee report and announced its decisions vide Memorandum (STATEMENT) dated 14th November, 1991 (copy enclosed).

STATEMENT

No. A. 45013/13/90-CHS. V

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE!

New Delhi, November 14th, 1991

OFFICE MEMORANDUM

Sub : Recommendations of the High Power Committee (Tikku Committee) on service doctors-Decisions thereon.

A Committee had been set up under the Chairmanship of Slug R. K. Tikku, Secretary (Coordination) in the Cabinet Secretariat of the Government of India, to look into all aspects of career improvement and cadre restructuring of the doctors of the Central Health Service. The Committee has since submitted its Report. The various recommendations contained

in the Report have been carefully considered and the Govemment of India have taken the foiiowing decisions : —

(1) Two additional posts of Additio nal Directors General of Health Services (Rs. 7300-7600) shall be created by upgrading two of the existing common Senior Admi-Distratives Grade posts (Rs. 5900-6700). Appointment to these additional posts of Addi tional Directors General will be made on the same lines as the existing posts of Additional Di rectors General.

(2) Four additional posts in the scale of Rs. 7308-7600 shall be operated under Rule 4(9) of the Central Health Service Rules, 1982, by upgradation of 4 posts in the Supertime scale of Rs. 5900-6700.

(3) 34 additional posts of Director-Professors (Rs. 5900—6700) shall be created in the Teaching Specialists Sub-eadre of the Central Health Service by upgrading an equivalent number of posts of Pj-ofessors (Rs. 4580-5700) on floating basis.

(4) 35 additional pests of Consultants (Rs. 5900-6700) shall be created in the Non-teaching Specialists Sub-cadre of the Central Health Service by upgrading in equivalent number of posts of Specialists Grade I (Rs. 4500-5700) on floating basis.

(5) The distinction between the Non-Functional Selection Grade (Rs-4500-5700) and Functional Grade (Rs. 4500-5700) will be elimina ted in the Central Health Service. All Associate Professors in the Non-Functional Selection Grade (Rs. 4500-5700) shall be desig nated as Professors from 1-12-91. All Specialists Grade II officers (Non-teaching and Public Health Sub-cadres) in the Non - Functional Selection Grade (Rs. 4500-5700) shall be- designated ar Specialist! Grade I w.fr.f; M2-19$l.

(6) All Professors (Rs. 4500-5700) and Specialists Grade I officers (Non-teaching and Public Health Sab-cadres) will be eligible for consideration for promotion to the Senior Administrative Grade level posts (Rs. 5900-6700) subject to availattufty of vacancies, provided they have completed at least 3 years of regular service in the scale of Rs. 4500-5700 irrespective of whether the said service was performed in the Functional Grade or Non-functional Grade of Rs. 4500-5700. The Associate Professors and Specialists Grade H, officers presently in the Non-functional Selection Grade and to be designated as Professors and Specialists Grade I officers respectively from 1-12-1991 shall *en masse* be placed below the existing Professors and Specialists Grade I officers respectively for the purpose of preparing eligibility lists for consideration for promotion to Senior Administrative Grade level posts (Rs; 5900-6700).

(7) As ih tne case of Teaching Sub-cadre, so also in the Sub-cadres of Non-teaching Specialists and Public Health Specialsts, the minimum essential qualification for recruitment as Specialist Grade II officers (Rs. 3000-5000) shall *inter-alia,* be a postgraduate de-gree with three years experience after obtaining the postgraduate degree, or postgraduate diploma with five years experience after obtaining the postgraduate diploma. All Specialists Grade-H officers, recruited in accordance with the modified Recruitment Rules as mentioned above, shall be promoted to the scale of Rs. 3700-5000 on completion of 2 years of service in the scale of Rs. 3000-5000, subject to seniority-cum-fitnew.

(8) Recruitment to the posts belonging to Super-Specialities; for which

the essential minimum gualifica-. tion is, *inter-alia,* DM or MCH or equivalent, shall be made in the scale of Rs. 3700-5000 in the Teaching/Non-teaching Specialists Sub-cadres.

(9) In all the three Sub-cadres, (Tea-ching-, Non-teaching, and Public Health), officers with 6 years service in the scale of Rs. 3700-5000, or total 8 years service in the scales of Rs. 3000-5000 and Rs. 3700-5000, shall be placed in the scale of Rs. 4500-5700 according to existing guidelines (which *inter-alia,* provide for overall good performance at and at least two "very good" assessment dur-. ing the preceding 5 years). On . such placement in the . scale of Rs. 4500-5700, the Associate Pro-.-.". feasors will stand designated as Professors, and the Specialists

•■".'. Grade- H officers (Non-teaching and Public- Health) shall stand designated as Specialists Grade I officers.

(10)-The Senior Medical Officers (Rs. 3000-4500) will be promoted as Chief Medical Officers (Rs. 3700-5000) on completion of six years of regular service as Senior Medical Officers or on completion of ten years of com-

bined regular service as Medical Officers and Senior Medical Officers of which at least two years shall be as Senior Medical Officers on the basis of seniority-cum-fit-ness subject to their clearing the bench mark of 'Good' with no zone of selection and without linkage to vacancies. The promotions shall be *in situ* and personal to the officers promoted. Incidentally, this will provide a second time-bound promotion to General Duty Medical Officers, as the first time-bound promotion from the level of Medical Officers (Rs. 2200-4000) to the level of Senior ■ Medical Officers (Rs. 3000-4500) on completion of 4 years of service, on seniority-cuni-fitness basis, has already been implemented. As at present, the placement of

Chief Medical Officers in the Grade Rs. 4.500-5700 to the extent of 15 per cent of all the senior duty posts of General Duty Medical Officers Sub-Cadre, on the basis of the existing guidelines (overall gdod performance with at least two "very good" assessment during the proceeding 5 years) will continue. Chief Medical Officers in the scale of Rs. 4500-5700 with 3 years service in the scale of Rs. 4500-5700, or total 17 years of Group A service will continue to be eligible for promotion to the Senior Administrative Grade level posts (Rs. 5900-6700), subfect to avail-; ability of vacancies.

(11) All the posts occupied by the Medical Officers/Senior Medical Officers/Chief Medical Officers/ Supertime Grade Officers of the General Duty Medical Officers Sub-cadre of the Central Health Service in the various hospitals , and teaching and other institutions, where the functions to be performed are predominantly of specialised nature normally required to be performed by Specialist doctors, shall be converted into Specialists posts, which shall be filed as per the existing provisions in the recruitment : ules for Specialists. From the General Duty Medical Officers Sub-cadre, posts equal to - the number of Medical Officers/Senior Medical Officers/Chief Medical Officers/ Super-time Grade Officers posts that would be converted into Specialists posts shall be abolished The conversion of such posts of the General Duty Medical Officers Sub-cadre in the hospitals and teaching and other institutions to those of Specialists posts will open up opportunities for quali-fied officers, belonging to the General Duty Medical Officers . Sub-cadre to enter the Specialists Sub-cadres through open compe- titibn.

(12) Direct recruitment at the level of Rs. - 4500-5700: as well as

Rs. 3700-5000 can be made depending on the identification of the posts.

(13) The benefit of added years of service available under Rule 30 of the Central Civil Services (Pensions) Rules 1972, shall be available for all the members of the Central Health Service.

(14) The feasibility of transferring any part of the work relaljng to Cadre Management of the Central Health Service to the Directorate General of Health Services and providing more training facilities to the Member of the Central Health Service shall be examined by the Ministry of Health, and Family Welfare.

(15) The Ministry of Railways, the Ministry of Defence and other organisations shall separately process proposals for restructuring the Cadre and providing greater avenues of promotion in the light of decisions taken for the Central Health Service Cadre by the Government.

(16) The question of increasing 'In-age of superannuatiqn for doctoi s from 58 to 60 years is deferred for more detailed examination by the Departmen; of Personnel & Training regarding its implications and repercussions.

(17) The Department pf Personnel & Training (All India Services Division) shall examine' in due course the question of formation of an All India Medical and Health Service in consultation with the State Governments.

2. The Government after careful consideration of all aspects have not found it possible to accept other recommendations of the High Powered Committee.

3. The amendments to the Central Health Service Rules. 1-982, wherever necessary, consequent upon the above decision, shall issue in due course.

Sd/-S. HARIHARAN
Dy. Secy, to the Govt. of India

Clearance to new drugs

1440. SHRI VIRENDRA KATARIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the names of new drugs that have been cleared during the last three years in the country, and,

(b) the number of cases in which clinical trials were not conducted and the basis on which it was cleared ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WEIFARF (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) List of druys cleared during the period from 1-1-1990 to 30-11-1992 is given in the Statement-I See belov.].

(b) list of drugs which were cleared on the basis of data available from other countries and in consultation with experts in public interest under proviso to rule 122(A)(2) of the Drugs & Cosmetics Rules is given in the Statement-Il.

Statement—I

List of New Drugs, cleared between 1-1 -1990 *to* 30-11-1992

S. No.	Name of Drug	Pharmacological Classification
1	2	3
1.	Lofepramin	Anti Depressent
2.	Haloperidol Decaonate	Chronic Schizophrania
3.	Oflexacin	Antibacterial
4.	Dinoprostone (PGE 2)	For induction of labour
5.	Fluxetine Hcl	Anti-De-ressent